

**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number: 09/761,416

Confirmation Number: 4785

Filing Date: January 16, 2001

First Named Inventor: Mari HORIGUCHI

Group Art Unit: 2621

Examiner: Vincent BOCCIO

Attorney Docket Number: 09812.0156-00000

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114: Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise.** If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

- a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ii. ☒ Other: Amendment After Final filed September 8, 2006.
- b. ☐ **DO NOT ENTER** the amendment(s) previously filed on _____. An alternate submission is attached.
- c. ☐ Enclosed submission: .
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other _____

3. Fees

- a. ☒ The filing fee is calculated as follows:
- i. ☒ \$790.00 RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☐ Petition for extension of time for (____ Months) \$ _____
- iii. ☐ Other _____
- b. ☒ Check in the amount of \$790.00 is enclosed.
- c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.

Signature of Applicant, Attorney, or Agent Required

Name: Michael R. Kelly

Reg. No.: 33,921

Signature: 

Date: October 11, 2006

10/12/2006 SZEWDIE1 00000009 09761416

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